## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

P.O. Box 12070

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed	<b>i</b> :
3 CANDIDATE / OFFICEHOLDER	MS/MRS MR FIRST.	MI	OFFICE	USE ONLY
NAME	NICKNAME LAST		Date Received	- Maria
	NELSON			
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #: CITY;	STATE; ZIP CODE		
MAILING ADDRESS	10412 NOEL DR FRISCO.	,TX 7503S	Date Hand-delivered or	Postmarked
change of address  5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Receipt #	Amount
OFFICEHOLDER PHONE	(214) 699-8461	EXTENSION	Date Processed	<u> </u>
6 CAMPAIGN TREASURER	MS/MRS (MR) FIRST DAVID	MI,	Date Imaged	
NAME	NICKNAME LAST	SUFFIX		
	AUL			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #;	CKNNEY, TX	zip code 75070	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (972) 562-7248	EXTENSION		
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after of treasurer appoin	
	July 15 Sth day before election	Exceeded \$500 limit	(officeholder only) Final report (Attac	ch C/OH - FR)
10 PERIOD COVERED	Month Day Year  D7/01/2011  THROUGH	Month Day 12 / 31 /	Year / 2012_	
11 ELECTION	ELECTION DATE SELECTION TYPE Primary  5 / 14 / 2011	Runoff X	General	Special
12 OFFICE	FRISCO CITY COUNCIL (PLACES	13 OFFICE SOUGHT (if known)  FRISCO C179		PLACE 5)
	GO TO PAG	3E 2		

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME	OTHY HILEC	son/	<b>15</b> ACCO	UNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE  GENERAL  SPECIFIC	COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	IAN IZED	\$ 75.06	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$ 1075 06	
EXPENDITURE TOTALS	_		EMIZED	\$ 19826	
	4. TOTAL	POLITICAL EXPENDITURES		\$ 1461.89	
CONTRIBUTION BALANCE		TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF REPORTING PERIOD		\$ 16.05	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		FTHE	\$ Ø	
18 AFFIDAVIT			<del></del>		
		I swear, or affirm, under penalty is true and correct and includes a me under Title 15, Election Code Signature of Ca	all information	on required to be reported by	
AFFIX NOTARY STAN	"	To and the	1/./-	AUTHORIZED &	
Sworn to and sub	of <u>San</u>	me, by the said	Ve/Son	i	
Colles		saig L. Mullis Sensor Parale	gal NCC	per Title 10 USL 1044	
Signature of officer adm	inistering oath	Printed name of officer administering oath	-	of officer administering oath	

#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:		
			/		
2 FILER NAME	./ ./		3 ACCOUNT # (E	thics Commission Filers)	
/IMUTH	9 H. NELSON				
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution	
,	How Keylil		contribution (\$)	description (if applicable)	
8/22/	HODES, KEVIN 6 Contributor address; City; State; Zip Code		500.cc	1	
400/2011					
10011	4704 GARLES CT. FRISCO, TX 75035		· ·		
	1,0,00,00,00,00,00,00,00	C. C. J. J. J. J. C. J. J. J. S. C. J. J. J. J. S. C. J. J. J. S. C. J. J. J. J. S. C. J.		of Texas, complete Schedule T)	
9 Principal occup	Principal occupation / Job title (See Instructions) 10 Employer (See		Instructions)		
Date	Full name of contributor		Amount of	In-kind contribution	
ζ <i>I</i> ,	COLLA COSA ASSOCIATIONES	contribution (\$)	description (if applicable)		
8/29/	COLUN CONTY / SCCINTION OF Contributor address; City; State; Zip Code	(TDEDIC)			
12011			500.00		
	6821 COIT RD. PLANO, TX	x001			
	1 JULY CON NO. PLANCO, 1X	12227	(If travel outside of	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
				T	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
				, and the second second	
	Contributor address; City; State; Zip Code				
		Employee (Co. )		of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
D = 1	Eull name of contributors	1	Amount of	In-kind contribution	
Date	Full name of contributor out-of-state PAC (ID#		contribution (\$)	description (if applicable)	
				1	
	Contributor address; City; State; Zip Code			1	
				1	
			(lif tenning mutalists	of Toyne complete Schodule T	
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)	
	,		·		
Date	Full name of contributor   out-of-state PAC (ID#_	)	Amount of	In-kind contribution	
Jate	D ONLO-SIGHE LACKING		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code	ı		1	
				1	
			(If travel outside	of Texas, complete Schedule T)	
Principal occu	upation / Job title (See Instructions)	Employer (See	<del></del>	<u> </u>	
,					

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

## **POLITICAL EXPENDITURES**

#### SCHEDULE F

	EXPENDITURE (	CATEGORIES	FOR BOX 8(a	)		
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense	Salaries/Wages/Co	pes/Contract Labor Loan Repayment/Reimbursement undraising Expense Transportation Equipment & Related Expense			
Consulting Expense	Food/Beverage Expense	Travel In District				
Event Expense Fees		Travel Out Of District Candidate/Officeholder/Political				
	The Instruction Guide	Office Overhead/F explains how to	•		category not listed above)	
1 Total pages Schedule F:	2 FILER NAME / /			3 ACCOU	NT # (Ethics Commission Filers)	
	1,1MOTHY H. NE	150N	<del></del>			
7/1/2011	5 Payee name TIMOTHY H. NELS	ay/				
6 Amount (\$)	7 Payee address; City; Stat	e; Zip Code			····	
63.63	10412. NOEC DZ.	<u>,                                     </u>	7X	7503	5	
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule)	(b) Description	(If travel outside of T	exas, complete Schedule T)	
OF EXPENDITURE	LOAN RENYMENT PREMIE	RSEMENT	REMBURS	E <i>menti</i> Con	MUN EXPENSES	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	nt	Office held	
Date , ,	Payee name /					
10/03/2011	TIMOTHY H. NECEDY					
Amount (\$)	Payee address; City; Stat	e; Zip Code		-8		
1200.00	10412 NOELTR FO	ersco Ti	X 7503	15		
PURPOSE	Category (See categories listed at the top of	f this schedule)	Description	(If travel outside of To	exas, complete Schedule T)	
OF EXPENDITURE	LOW FERMYMENT PEMBL	REMENT	PREMBURSE	MENT CAM	PANEN EXPENSES	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	nt	Office held	
Date	Payee name					
Amount (\$)	Payee address; City; State	e; Zip Code				
PURPOSE	Category (See categories listed at the top o	f this schedule)	Description	(If travel outside of Tr	exas, complete Schedule T)	
OF EXPENDITURE						
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sough	ıt	Office held	
Date	Payee name					
Amount (\$)	Payee address; City; State	e; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	f this schedule)	Description	(If travel outside of Te	ixas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH		Office sough	t	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						